

County: Waupaca
IOLA NURSING HOME
P. O. BOX 237

Facility ID: 4520

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IOLA 54945 Phone: (715) 445-2412
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 63
Total Licensed Bed Capacity (12/31/01): 63
Number of Residents on 12/31/01: 63

Ownership: Non-Profit Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 59

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		31.7
Supp. Home Care-Personal Care	No					1 - 4 Years		49.2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		19.0
Day Services	No	Mental Illness (Org./Psy)	34.9	65 - 74	11.1			-----
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	30.2			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	49.2	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.5	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	1.6		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.6		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	22.2	65 & Over	100.0	-----		
Transportation	Yes	Cerebrovascular	7.9		-----	RNs		10.8
Referral Service	No	Diabetes	12.7	Sex	%	LPNs		5.4
Other Services	No	Respiratory	4.8		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	14.3	Male	49.2	Aides, & Orderlies		
Mentally Ill	No		-----	Female	50.8			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Family Care		Managed Care			Total Resi- dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)	
Int. Skilled Care	7	100.0	236	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	11.1
Skilled Care	0	0.0	0	41	89.1	101	0	0.0	0	8	80.0	138	0	0.0	0	0	0.0	0	49	77.8
Intermediate	---	---	---	5	10.9	84	0	0.0	0	2	20.0	138	0	0.0	0	0	0.0	0	7	11.1
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		46	100.0		0	0.0		10	100.0		0	0.0		0	0.0		63	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	13.8	Daily Living (ADL)	Independent			
Private Home/With Home Health	1.1	Bathing	0.0	73.0	27.0	63
Other Nursing Homes	13.8	Dressing	15.9	63.5	20.6	63
Acute Care Hospitals	71.3	Transferring	17.5	57.1	25.4	63
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	15.9	60.3	23.8	63
Rehabilitation Hospitals	0.0	Eating	49.2	46.0	4.8	63
Other Locations	0.0	*****				
Total Number of Admissions	87	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	1.6	Receiving Respiratory Care		3.2
Private Home/No Home Health	54.2	Occ/Freq. Incontinent of Bladder	42.9	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	10.8	Occ/Freq. Incontinent of Bowel	25.4	Receiving Suctioning		1.6
Other Nursing Homes	4.8			Receiving Ostomy Care		0.0
Acute Care Hospitals	13.3	Mobility		Receiving Tube Feeding		1.6
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	3.2	Receiving Mechanically Altered Diets		65.1
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	16.9	With Pressure Sores	4.8	Have Advance Directives		100.0
Total Number of Discharges (Including Deaths)	83	With Rashes	7.9	Medications		
				Receiving Psychoactive Drugs		63.5

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.7	92.7	1.01	86.4	1.08	85.8	1.09	84.6	1.11
Current Residents from In-County	82.5	74.5	1.11	69.6	1.19	69.4	1.19	77.0	1.07
Admissions from In-County, Still Residing	17.2	27.9	0.62	19.9	0.87	23.1	0.75	20.8	0.83
Admissions/Average Daily Census	147.5	95.2	1.55	133.4	1.11	105.6	1.40	128.9	1.14
Discharges/Average Daily Census	140.7	95.2	1.48	132.0	1.07	105.9	1.33	130.0	1.08
Discharges To Private Residence/Average Daily Census	91.5	31.4	2.91	49.7	1.84	38.5	2.38	52.8	1.73
Residents Receiving Skilled Care	88.9	91.4	0.97	90.0	0.99	89.9	0.99	85.3	1.04
Residents Aged 65 and Older	100	97.3	1.03	94.7	1.06	93.3	1.07	87.5	1.14
Title 19 (Medicaid) Funded Residents	73.0	64.2	1.14	68.8	1.06	69.9	1.04	68.7	1.06
Private Pay Funded Residents	15.9	29.6	0.54	23.6	0.67	22.2	0.71	22.0	0.72
Developmentally Disabled Residents	0.0	0.7	0.00	1.0	0.00	0.8	0.00	7.6	0.00
Mentally Ill Residents	34.9	36.0	0.97	36.3	0.96	38.5	0.91	33.8	1.03
General Medical Service Residents	14.3	21.3	0.67	21.1	0.68	21.2	0.67	19.4	0.74
Impaired ADL (Mean)	50.5	49.0	1.03	47.1	1.07	46.4	1.09	49.3	1.02
Psychological Problems	63.5	50.2	1.26	49.5	1.28	52.6	1.21	51.9	1.22
Nursing Care Required (Mean)	10.5	7.5	1.40	6.7	1.56	7.4	1.41	7.3	1.43